#### PATIENT DISPOSITION PAGE

### Galesburg Cottage Hospital

Patient: SHIELDS, EARNEST

DOB: 02/19/1971

AGE:

37YR\$ Sex: M

P#: 5290082 MR#: 000418894

EDP: BOMMIASAMY, VEERASIKKU

PCP: \*NON STAFF PHYSICIAN

Worker's Comp: Emp. Referred:

Patient Disposition: DC - HOME ER

Acuity: 3

Presenting Complaint:

DATE: 06/16/2008

SHOULDER INJURY (MOD-SEVERE)

Pl Topics:

Discharge Diagnosis:

Rotator cuff tear of left shoulder

Primary Nurse: CJS

Follow-up / Admitting Phys:

STACHNIW, MYRON

Physician Consulted:

No

Services Rendered: EXAM

Presentation Time:

Triage Time:

15:00

Assess:

14:58

Exam:

15:45

Initial Vital Signs

97.3

64

regular

16 R: unlabored

BP: 101/064

100 % RA

Pain Intensity Scale: 8 / 10

Pain Location: shoulder Discharge Vital Signs

97.2

65 P: regular

18 R: unlabored

BP: 118/072

98 % RA 02

Pain Intensity Scale: 2 / 10

Pain Location:

shoulder

Admit Ready for Room:

Disposition Date/Time: 6/16/08 19:00

Payor Type:

ER Patient: Yes

#### INITIAL ASSESSMENT FORM

### Galesburg Cottage Hospital

PRIORITY:

3

Patient: SHIELDS, EARNEST

Semi-Urgent

DOB: 02/19/1971

AGE:

37YRS - Sex: M

P##: 5290082

MR#: 000418894

DATE: 06/16/2008

EDP: BOMMIASAMY, VEERASIKKU PCP: \*NON STAFF PHYSICIAN

Worker's Comp: Emp. Referred:

Presentation Time: 14:57

WALK - POV Arrival Mode:

Height: 5 ' B

Weight 200.0 lbs. 90.9 kgs. LMP; NA

Triage Time: 15:00

Last Telanus:

Aco By: GUARDS

Chief

SHOULDER INJURY (MOD-SEVERE)

Vital Signs

Complaint:

T: 97.3 PO P: 64 regular

Brief Assessment:

PT. STATES THAT HE INJURED HIS LEFT SHOULDER LIFTING WAITS, WAS GIVEN TORADOL 50 MG AT HENRY HILL. HE WAS BENCH PRESSING 345 POUNDS AND HE STATES THAT THE

R: 16

WEIGHT'S WENT BACKWARDS AGAINST HIS ARMS.

BP: 101/064 OŽ: 100 % RA

NIGHT SWEATS WEIGHT LOSS ANOREXIA

NO NO NO

**HEMOPTYSIS** FEVER

NO NO Pain Intensity Scale: 8 / 10 Pain Location: shoulder

unlabored

DOMESTIC ABUSE BUSPECTED

NO PNEUMONIA

NO **FLU SHOT** NO

NUMBNESS YES **DECREASED SENSATION** 

YES ROM INTACT PULSE DISTAL TO INJURY ABSENT NO

CAP REFILL > 2 SECONDS

NO

NO

Sudden Onset:

Pre-Hospital Treatment:

Pediatric

Assessment

Past Medical

SHOT IN LOW BACK

History:

Allergies:

NONE

NIA

Medicines:

NONE

Nurse Signature: CAMIR SUBBLE RW	CJS
Additional Notes:	
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Off-site referral for treatment (Destination)
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To Be Completed By Physician
1
ave reviewed this report and would like to see this offender:   Immediately   Next Sick Call   PRN
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MI 5 L to It Larit Primi Physician Name  Physician's Signatura  Detect  Physician's Signatura
Dates.

Distribution: Offender Medical File

### Offender Injury Report

· · · · · · · · · · · · · · · · · · ·	near restored & completely
Offender Name: Shullo Edmost	10#: R66161
Age: 39 Date of Birth: 19171	Sex: TY Range RIV
Date of Injury: 4/16/08 Time of Injury: 1315	□am Øgm Location: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
How did the injury occur?	20 345165
, 0	
YWW.	
Was it witnessed by staff No ☐ Yes (rives, please list	(Ta(1)66)
Location in facility:	Type of injury:
LTA (gym, basketball, football, etc.)	☐ Sports
Group (therapy)	☐ Assault
Housing Unit (cell, dayroom, fv room, etc.)	☐ Job Related .
School (classroom, library)	☐ Non-job Related
Kitchen	☐ Self-inflicted
Kother Lynn	☐ Fight
Suna austra	Title 2/16/06

(Medical Report on Reverse Side)

Skie 1

#### WEXFORD HEALTH SOURCES, FIXO.

## ILLINOIS MEDICAL DIRECTOR QA EMERGENCY REPORTING FORM

FACILITY: HILL	PHYSICIAN NAME: MIGLIA BIM
INMATENAME: SHIELDS, EARNEST	PHYSICIAN & GNATURE: EMA
DIII	7
DOC# B66/4/	DOB: 4/9/4/
// / 1	The of emergency event
DATE: 6/11/08	and the same of th
WAI E	TIME OF DAY:
1) Medical History: Lufty war 65 W C AA	FATIENT INFORMATION  TO Chair your Attellating in shoulded it.
2) Current Medications:	
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Emergency Medical History Sylver     Emergency Physical Findings (personnt PE and	lental Health servinologic medicalions:
PROVISION  If the emergency occurred after hours, was the of on-call physician?	N OF ONSITE EMERGENCY MEDICAL CARE
Whet emergency medical care was rendered?	SING, le passigefla
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Did the patient respond to emergency beatment?	
Woy was the patient transferred to the ER7	and the state of t
) is this medical condition a result of:  Sports injury	astrological should be defluent was
	DISPOSITION
Name of ER physician spoken to:	A Million and A
Was the patient returned to the facility?	
What the patient admitted to the hospital? What services recessitated hospital admission?	And the state of t
Type of Transportation Arnbulance Sta	ste VehicleAlr Ambulanoa
Other	The second secon
opropriateness (Completed by Waxford Ulli Phys Referral; Yes	rician); No
	NO.

This form must be submitted to Dr. Funk no later than 12 Noon EST on the next working day Fax: 312-945-3622

FAX COMPLETED FORM TO: (412) 937-9151

## WEXFORD HEALTH SOURCES, INC.

## **EMERGENCY / HOSPITALIZATION NOTIFICATION FORM**

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# Offender Physical Examination Pontiac Center

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ribution: Offender's Medical Record

DOC 0093 [Eff. 8/2002]

#### ILLINOIS DEPARTMENT OF CORRECTIONS Offender Health Status Transfer Summary

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I understand that I have a right to spiritual couns	seling while a patient in the facility
I DO NOT CONSENT to the facility notifying	any clergy of my presence in the facility
(NOTE: I understand that if a member of the for my room / bed number, this information of the general policy on release of patient information.	e clergy identifies me by name and asks will be provided pursuant to the facility's
I DO CONSENT to the facility notifying my c noted below:	lergy of my presence in the facility as
Name of Clergy	
Name of Church	
Telephone No.	
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(NOTE: If you do not have a specific clergy, t	the facility will contact the community
clergy of the religion specified above.)	
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☐ PLEASE CONTACT the facility clergy (if appl	licable).
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Patient's Signature or Legal Representative	Date Time Dam
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Relationship to Patient	interpreter, if utilized
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	Annucoandayry
ADMISSIONS  Consent for Disclosure of Information to Clergy	SHELDS EARNEST D Patient #: \$290082 HSV: EOP
GALESBURG COTTAGE HOSPITAL	Active date: 2000-05-16 Medical Receit 418894 Adm Dr.: BOMMICSAMY VEERASIKKU MD DOB: 1971-02-19 Age: 37 Sex: M

190-ADM-1702 1/08

#### Gelesburg Coltage Hospital 695 N. Kellogg Street, Galesburg, IL 61401 309 343 8131

Patient: SHIELDS, EARNEST DOB: 2/19/1971 Patient #: 5290082 MRN: 000418894

MRI I WAS CALLED FOR MRI TO BE DONE ON LEFT SHOULDER. CALLED AT 1545. MRI STATES CAN NOT BE DONE UNTIL 1800. THIS WAS CLEARED AND IT WAS OKAY. [CJS: 6/16/2008 3:41:58 PM]

Adult Assessment 06/16/2008 17:02 CJS

Room Assignment: Patient assigned to room ROOM 8. Time to room 14:58.

Psychosocial: Patient's behavior is appropriate to the current situation. Support systems include Prison guards.. Patient ambulates independently. Appears to be normally interacting with care giver(s) or others that are present. Pt. appears to be pleasant and does cooperate with staff.

Safety: Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Patient is not at risk for fall as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age.

Pain: Patient rates pain as 8 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the left shoulder. Patient describes the pain as sharp, throbbing, constant.

Brief Assessment: Mental Status: Patient is alert and oriented x 3.

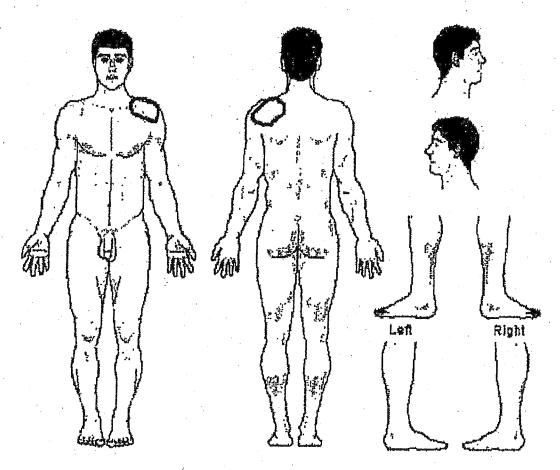
Respiratory Status: Respirations are unlabored.

Vascular Status: Skin is warm and dry, vascular status intact.

Musculoskeletal: Patient rates pain as 8 on a one-to-ten scale with ten as the worst pain ever. Pain or injury is located where illustrated -

#### Galesburg College Hospilal 695 N. Kellogg Streel, Galesburg, IL 61401 309 343 8131

Patient: SHIELDS, EARNEST DOB: 2/19/1971 Patient #: 5290082 MRN: 000418894



Pt. was lifting 375 pounds of weight while bench pressing and his shoulder went back and he injured it.

6/16/2008 5:45:56 PMT

Pt refused Norflex stating his pain is much better. He

stated he doesn"t want the shot, but the he would let

the nurse know if he needed the medication. [CJS:

1647 PT. TAKEN TO MRI [CJS: 6/16/2008 5:02:33 PM]

Reassessment: 06/16/2008 17:00 CIS

Physician: Physician was at the bedside at

15:45. Physician seeing patient was

BOMMIASAMY, VEERASIKKU.

Radiology: Patient was transported to radiology at 16:47. Patient was transferred by wheelchair.

Reassessment: 06/16/2008 17:37 CJS

Radiology: Returned from radiology at 17:37.

Patient: Plan of care discussed with patient.

Comfort: Nourishment was offered - dinner.

Reassessment: 06/16/2008 17:56 CJS

Comfort: Nourishment was offered - ate all food given.

#### Galeaburg Coltage Hospital 695 N. Kellogg Street, Galeaburg, IL 61401 309 343 8131

Patient: SHIELDS, EARNEST DOB: 2/19/1971 Patient #: 52900BZ MRN: 000418894

#### Flowsheets 06/16/2008 17:56 CJS

Vital Signs

Time	Temp	Route	Pulse	BP	Resp	O2 SAT	EKG	Pain Scale
17:58	97.4	PO	65	111/060	14	<b>99</b>	normal sinus rhythm	2

#### Treatments 06/16/2008 20:03 CJS

#### IM Dilaudid I mg done at 16:30 by CJS. [VEB]:

Reassessed at 06/16/2008 17:20 [CJS] - No adverse drug reaction noted. States that pain is completed relieved, and is 2 on a one-to-ten scale following the pain medicine. - CJS

#### Disposition 06/16/2008 20:04 CJS

Discharge: Patient left the department at 06/16/2008 19:00. Patient's disposition is: DC - HOME ER. Discharge instructions were given to the patient. The patient, person accompanying patient verbalizes understanding of the discharge instructions. The condition at discharge is improved. Vital signs taken at 18:50 were: T: 97.2 PO, P: 65 and is regular, R: 18 and unlabored, BP: 118/72, O2 Sat: 98 on RA, pain level is 2 on a 1-10 scale in the left shoulder. Pain has improved. Pt. stated that the dilaudid did "the trick" and that he did not want any other medication while here. Pain was tolerable for him.

CARLA SEBBENRN MALL SIBBURRY

#### ORDER PROCEDURE FORM ORTHOPEDIC EMERGENCIES

#### Galesburg Cottage Hospital

Name: SHIELDS, EARNEST

P#:5290082

Age: 37YRS DOB: 02/18/1971 Sex: M MR#.000418894 Date In: 6/16/2008 Time: EUP: BOMMIASAMY, VEERASI PCP: \*NON STAFF PHYSICIAN CXR (PA/LAT - Portable) CMP BMP Sed Rate C-Spine (X-table) (Complete) Uric Ackl RA Factor Drug screen (serum), (urine) ETOH Type & Screen or Cross # Cardioaumonary EKG ABG Beta HCG 02 LPN Madical Navalate Information: Previous Medical Records Physical Therapy - Eval & Tx Weight: ☐ Improved ☐ Worse ☐ Unchanged Order Time F.W. Follmont Added Medical de & Start Time Dave DKVO Device: DIV Fluid: Litesadnidesa militaria militaria militaria propositi na militaria militari Cardiac Monitor Rate Rhythm ☐ Splint Application [ (Local), (Regional) Anesthesia ☐ NIBP Monitor ☐ Pulse Oximetry ☐ Ace Bandage Application Conscious Sedation [] (Cold), (Heat) Application ☐ Siling Application ☐ Laceration Repair ☐ Wound Imgation C-Spine Immobilization ☐ Cast Application M Dressings ☐ Foreign Body Removal ☐ Fracture Care (open), (closed) Discharge Instruction。为主要是不是不在在这个社会的企业是是不是是不是是 Mials/Signaturer initials/Signature: Infilate/Signature: Initials/Signalure:

Physician's Signatura:

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6. WEAPON / EXPLOSIVES / DRUGS:  I understand and agree that if the Facility at any time it biohazard material, any type of illegal substance or dri belongings, the Facility may search my room and belo and dispose of them as it determines appropriate inclu	
7. PRIVATE HOOM DIFFERENCE (Inpatient):  I agree and understand that if I request and receive a the entire room rate and the semi private room rate.	private room, I am responsible for the difference between
ADVANCE DIRECTIVE ACKNOWLEDGEMENT: Federal law requires that patients be provided informated decisions, including a Living Will, Durable Medical Powmaker for healthcare decisions. If you have already comphysician and the Facility.	ver of Attorney or designation of a surrogate decision
Facility.  I have not executed any advance directives, but I hat this Facility.  Suppose the process of the pro	n requested to supply a copy to the Facility.
9. NOTICE OF PRIVACY PRACTICES: Required pursuant to Health Insurance Portability and A have received a copy of the Facility's Notice of Privacy may use and disclose my protected health information.	Practices that provides information about how the Facility
10. RESEARCH STUDIES: Please check one:	No, I am not an organ donor
Are you currently a participant in any research study or No	project: Yes, I would like to become an organ donor
Tes If yes, please briefly describe what is being studied (dru	ig, medical device or other)
Who can the Facility contact with questions about the st	udy?
11. SMOKING CESSATION INFORMATION:	
Upon admission, I received the Smoking Cessation in risks associated with smoking, community resources associated with second hand smoke. If I have further will request additional information from the facility state.	for smoking cessation programs and health risks Interest in smoking cessation programs and education. If
The undersigned certifies that s/he has read the foregoing, a it and is the patient or is duly authorized by the patient as the	inderstands it, accepts its terms, has received a copy of
Patient's Signature on Legal Representative	Date 10-16-08 11mp 503
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ADMISSIONS	Patient Label
inpatient / Outpatient Conditions of Admission	
and Consent to Medical Treatment	SHIELDS EARNEST D Patient #: 5290682 HSV; EOP
4DM-1701G - Back (Rev 02/08)	Patient #: 529062 HSV: EOP Adre date: 2006-06-16 Madical Rece: 418894 Adre Dr.: BOMMIABAMY VEERASIKKU MD DOB: 1871-02-18 Age; S7 Bex: M

## 1. GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES:

I hereby voluntarily consent for treatment / admission to the Facility. I permit the Facility and its employees, physicians and others involved in my care to treat me in ways they judge to be beneficial to me. I understand that I have the right to ask questions and to receive information about my care and treatment, and the right to with draw my consent for treatment or tests.

I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s).

I agree and understand that all physicians, dentists, oral surgeons, and podiatrists involved in my care in any way are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for the acts or omissions of the aforementioned. Some services may be performed by independent contractors who are not employed by the Facility. I am aware that the practice of medicine is not an exact science and further understand that no guarantee has been or can be made as to the results of the treatments, care or examinations in the Facility.

I consent to the photographing or videotaping including appropriate portions of my body, for medical and medical record documentation purposes, provided said photographs or videotapes are maintained and released in accordance with protected health information regulations.

#### 2. NURSING CARE:

The Facility provides only routine nursing care. Private duty nursing is not provided but may be arranged directly between an agency and me at my expense. The Facility is hereby released from any and all liability arising from the fact that I am not provided private duty care by the Facility.

#### 3. PERSONAL VALUABLES:

I understand that the Facility maintains a safe for the safekeeping of money and valuables, and the Facility shall not be liable for the loss or damage to any articles of personal property unless said articles are deposited with the Facility in the safe and receipts are issued describing said items. At no time shall Facility be responsible for more than \$500 for said deposited items.

#### 4. ASSIGNMENT OF INSURANCE BENEFITS / PROMISE TO PAY:

I hereby assign and authorize payment directly to the Facility, and to any facility-based physician, all insurance beinefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the hability of a third party, payable by any party, organization, et cetera, to or for the patient unless the account for this Facility, outpatient visit or series of outpatient visits is paid in full upon discharge or upon completion of the outpatient series. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until the account is paid in full. I under stand that I am responsible for any charges not covered by my insurance company.

I understand that I am obligated to pay the account of the Facility in accordance with the regular rates and terms of the Facility. If I fail to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, I agree to pay all collection agency fees, court costs and attorney's fees. I also agree that any patient or guarantor overpayments on the above Facility visit may be applied directly to any delinquent account for which I or my guarantor is legally responsible at the time of the collection of the overpayment.

#### 5. EMTALA:

The Facility is obligated to treat medical emergencies regardless of my ability to pay. Therefore, if I or my guaranter have a medical emergency or if I am a pregnant woman in labor, I have the right to receive, within the capabilities of this Hospital's staff and facilities, an appropriate medical acreening examination, necessary stabilizing treatment, and, if medically necessary, an appropriate transfer to another hospital, even if I cannot pay or do not have medical insurance or am not eligible to receive Medicare or Medicald.

(Continued on Back)

ADMISSIONS

Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment
ADM-1701G - Front (Prev 02/08)

Patient I abel

SHIELDS EARNEST O

Patient #: 8290082 #SV:EOP

Adm dat: 8008-06-16 Madical Reok: 416884

ACM DT: 800MMASARY VEERASIKKU MO

008: 1971-02-19 Age: 37 Sax: M

### WENFORD HEALTH SOURCES, INC.

## ILLINOIS MEDICAL DIRECTOR GA ENERGENCY REPORTING FORM

i grant de la companya de la company
FACILITY: HILL PHYSICIAN FLAME: NIGLIS RIM
INMATE NAME: SHIELDS, EXPLAST PHYSICIAN SIGNATURE IM
DOC# 1366/6/ DOB: 2/19/4/
DATE: C//L/UR: TIME OF EMERGENCY EVENT TIME OF DAY: / 3 VA
111111111111111111111111111111111111111
PATIENT INFORMATION
1) Medical History: Lifting was (to I feed + 16 the fop in should de
GEW CHAT FARES TIL
2) Current Medications:
A D. Walleton and the second and the
/VIA
3) Psych History (if applicable)
a) When was the patient last seen by Mentel Health
b) Is the patient compliant with his/her psychotropic medications:  4) Emergency Medical History Characteristics in the patient with his/her psychotropic medications:  5) Emergency Physical Findings (pertinent PE and Lab findings):
5) Emergency Physical Findings (pertinent PE and Lab findings):  T. / P. / BP / DZ / J X Physical Exem
The state of the s
PROVISION OF ONSITE EMERGENCY MEDICAL CARE  1) If the emergency occurred after hours, was the on-call physician notified?
) Name of on-call physician?  2) What emergency medical care was rendered? \$\int \wedge \int \cdot \lambda \int \delta \int \d
Amil Getto
Did the patient respond to emergency treatment?
4) Why was the patient transferred to the ER? Personal Shary or Alta Vicinity
5) is this medical condition a result of:
Sports Injury
DISPOSITION  1) Name of ER physician spoken to:
2) Was the patient returned to the facility?
VVas the patient admitted to the hospital?     What services necessitated hospital admission?
5) Type of Transportation Ambulance State Vehicle Air Ambulance
6) Other
Appropriateness (Completed by Wexford UM Physician); ER Referral; Yes
ER Referral: Yes No. Was referral preventable? Yes No.

This form must be submitted to Dr. Funk no later than 12 Noon EST on the next working day Fax: 312-945-3622



Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

HIII Correctional Center / 600 Linwood Road / P.O. Box 1327 / Galesburg, IL 61401 / Telephone: (309) 343-4212 / TDD: (800) 526-0844

MEMORANDUM

DATE:

August 19, 2008

TO:

Infirmary Staff

FROM:

Lois Mathes, RN/HCUA

Medical Furlough has been scheduled as delineated below:

NAME: Shields, Earnest

IDOC#: B66161

D.O.B: 2-19-71

DATE: 8-26-08

LEAVE TIME: 6:15a.m.

REFERRING PHYSICIAN: Dr. Miglorino/Dr. Funk

REASON FOR FURLOUGH: Ortho. Eval. (Pectoralis Tendon Rupture Left Shoulder).

LOCATION: Dr. Olysav's Office

STREET: 747 N. Rutledge/Baylis Building 5th Floor

CITY/STATE/ZIP: Springfield, IL 62703

TELEPHONE NUMBER: (217) 545-5878

SAME DAY RETURN: X

ADMISSION:

EMERGENCY:

AMBULANCE:

1. Complete HS Report - Given to SA

2. MAR'S to Infirmary

3. Sign consent for TX/Operation Form

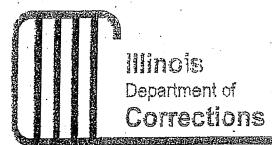
4. T.P./Admit to Infirmary

Prep Needed: Bring copies of all reports and x-ray film to appt. that is pertaining to problem.

Cc:

Records Office 7/3 Shift Commanders Medical File

X-Ray File



Rod R. Blagojevich Governor

Roger E. Walker Jr. Director

Hill Correctional Center / 600 Linwood Road / P.O. Box 1327 / Galesburg, IL 61401 / Telephone: (309) 343-4212 / TDD: (800) 526-0844.

**MEMORANDUM** 

DATE:

October 15, 2008

TO:

Infirmary Staff

FROM:

Lois Lindorff, RN/HCUA

Medical Furlough has been scheduled as delineated below:

NAME: Shields, Earnest

NUMBER: B66161

New Och

DATE: 10/24/08

LEAVE TIME: 7:45 a.m.

PHYSICIAN: Dr. Miglorino/Dr. Funk REASON FOR FURLOUGH: 2<sup>nd</sup> Visit for Physical Therapy.

LOCATION: Cottage Rehab & Physical Therapy

STREET: 765 N. Kellogg Street/ Suite 300

CITY/STATE/ZIP: Galesburg, IL 61401 PHONE NUMBER: (309) 343-3434

SAME DAY RETURN: X

ADMISSION:

EMERGENCY:

AMBULANCE:

1. Complete HS Report - Given to SA

2. MAR'S to Infirmary

Sign consent for TX/Operation Form

4. T.P./Admit to Infirmary

Prep Needed: None.

Cc:

7/3 Shift Commanders

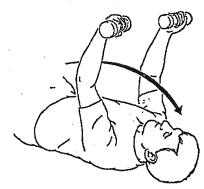
Records Office

x-ray

medical file

file

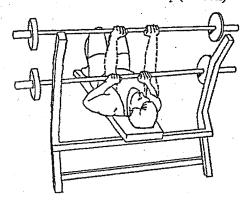
SHOULDER - 63 Progressive Resisted: Flexion (Supine)



Holding 0-1 pound weight, raise your left arm over head and lower toward floor. Go as far as possible without pain.

Repeat <u>20</u> times per set. Do <u>2</u> sets per session. Do <u>1-2</u> sessions per day,

CHEST - 20 Bench Press: Narrow Grip (Barbell)



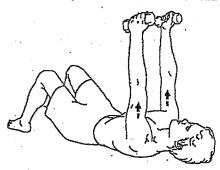
With a stick or cane in both hands, press up as in doing a bench press.

Do 2 sets. Complete 20 repetitions. Do 1-2 times per day.

ICE: 15 MINUTES ON, 1 HOUR OFF

AS NEEDED FOR PAIN RELIEF AND SWELLING

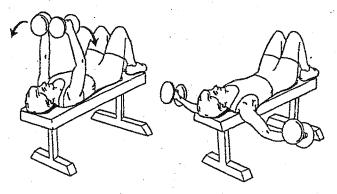
#### SHOULDER - 57 Scapular: Protraction - 90° of Flexion



Holding <u>0-5</u> pound weights, attempt to push arms up toward ceiling, keeping elbows straight and back against floor.

Repeat 20 times per set. Do 2 sets per session. Do 1 sessions per day.

CHEST - 12 Fly (Dumbbell)



Lower arms out to the side as far as comfortable and then back up.

Do 2 sets. Complete 20 repetitions. Do 1-2 sessions per day.



Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

Hill Correctional Center / 600 Linwood Road / P.O. Box 1327 / Galesburg, iL 61401 / Telephone: (309) 343-4212 / TDD: (800) 526-0844

MEMORANDUM

DATE:

October 6, 2008

TO:

Infirmary Staff

FROM:

Lois Lindorff, RN/HCUA

1

Medical Furlough has been scheduled as delineated below:

NAME: Shields, Earnest

NUMBER: B66161

D.O.B.-2/19/73

DATE: 10/9/08

LEAVE TIME: 8:30a.m.

REFERRING PHYSICIAN: Dr. Miglorino/Dr. Funk REASON FOR FURLOUGH: Physical Therapy (15) visit).

LOCATION: Cottage Rehab & Physical Therapy

STREET: 765 N. Kellogg Street/Suite 300

CITY/STATE/ZIP: Galesburg, II 61401 PHONE NUMBER: (309) 343-3434

SAME DAY RETURN: X

ADMISSION:

EMERGENCY: AMBULANCE:

- 1. Complete HS Report Given to SA
- 2. MAR'S to Infirmary
- Sign consent for TX/Operation Form
- 4. T.P./Admit to Infirmary

Prep Needed: None.

Cc:

7/3 Shift Commanders

Records Office

x-ray

medical file

file

vd: [Fwd: Wexford Health @ন্ত্ৰন্থভাৰী 10-cv-03746 Document 27-1

Filed 07/20/10 Page 7 of 10

DOS: 08/26/08

MR#: 820246

PT:

EARNEST SHIELDS

DOB: 02/19/1971

Subject: [Fwd: [Fwd: Wexford Health Sources]] From: Lynn Singleton <isingleton@siumed.edu> Date: Fri, 22 Aug 2008 10:45:37 -0500 To: Janice Herman < jherman@siumed.edu>

----- Original Message -----[Fwd: Wexford Health Sources] Subject: Tue, 19 Aug 2008 09:22:37 -0500 Date Judie Riech <jriech@siumed.edu> From: Lynn Singleton <lsingleton@siumed.edu> TO:

Lynn -- Forwarding e-mail sent to you last Friday. Just received a call-from the Call Center saying they did not have authorization to make this appointment and transferred the call to me. Can you rectify? I have confirmed approval with correctional center for EARNEST SHIELDS, #B-66161 and asked them to call the CALL CENTER back in 30 minutes. Thank you,

---- Original Message -----Wexford Health Sources Subjecti Fri, 15 Aug 2008 15:53:20 -0500 Date

Judie Riech <friech@siumed.edu> Lynn Singleton <fringleton@siumed.edu>, Cheryl McGill To:

<cmcgill@siumed.edu>

SIU P&S has signed an agraement to provide medically necessary and authorized evaluation, treatment, and follow up care for the following:

Barnest Shields -- #B-66161 -- by Orthopaedic Surgery -- for Pectoralis Rupture

Original agreement is being forwarded to Patient Billing Services

Thank you, Judle Riech SIU P&S Admin. Office 545-8850

Case 1:10-cv-03746 Document 27-1 Filed 07/20/10 Page 8 of 10

SIU HealthCare

Page 1

217-545-8000 Fax:

Chart Document

EARNEST SHIELDS

MRN #: 820246

Home: (309)999-9999

June 30, 2010

Office: (309)343-

4212373

39 Years Old Male (DOB: 02/19/1971)

452216-2155001

Ins: WEXFORD (W25)

09/12/2008 - Phone Note Provider: David J Olysav, MD Location of Care: SIU HealthCare

Ok for PT to Instruct 2-3 times for home PT per Dr. Olysav

Rx and note faxed to Natalie.

--- Converted from flag ---

--- 09/05/2008 4:25 PM, Katherine McMullin wrote:

Returned call and they had left already will return call again Monday am

--- 09/04/2008 2:08 PM, Katherine McMullin wrote;

--- 09/04/2008 1:55 PM, Beth Ann Peters wrote:

Is it for one time or does he have to go 2 to 3 times a week. Please call back by tomorrow. they need to know because he has collegial. Please call Natalie w/ Henry Hill Correction Center at 309-343-4212 ext 373 and she leaves at 4. Thanks

Clinical Lists Changes

Signed by Katherine McMullin on 09/12/2008 at 4:37 PM Signed by David J Olysav, MD on 09/16/2008 at 7:57 AM

Case 1:10-cv-03746 Document 27-1 Filed 07/20/10 Page 9 of 10

June 30, 2010

SIU HealthCare

Page 1 217-545-8000 Fax:

Chart Document

EARNEST SHIELDS MRN #: 820246 Home: (309)999-9999 Office: (309)343-4212373

39 Years Old Male (DOB: 02/19/1971) 452216-2155001

Ins: WEXFORD (W25)

08/26/2008 - Transcription: EMDAT Clinic Note

Provider: John Froelich, M.D. Location of Care: SIU HealthCare

**EMDAT Clinic Note** 

CHIEF COMPLAINT: Left pectoralis major rupture.

HISTORY OF PRESENT ILLNESS: This is a 37-year-old gentleman who is a member of the Corrections Institution who was bench pressing on June 18, 2008, felt a sudden pain in his left arm and had a audible popping sound. Noted some numbness in his arm. He was evaluated in the local emergency room. Then MRI of the shoulder showed no significant injury other than a mild supraspinatus tear per a written documentation as the MRI is not here. He states that he continues to have numbness and night pain as well as discomfort. He had seen orthopedic surgeons who said they would not treat this injury on him. The patient is here for another opinion. He has not been doing any physical therapy or activity. He has been using a sling for sometime.

PAST MEDICAL HISTORY: History of meningitis as a child.

#### PAST SURGICAL HISTORY:

- 1. Repair of the left ankle after GSW.
- 2. History of multiple spinal taps.

MEDICATIONS: None.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY: He is currently under the correctional system. Denies use of tobacco.

#### PHYSICAL EXAMINATION:

General: The patient is in no acute distress. Answers questions appropriately. Alert and oriented and appears stated age.

HEENT: Normocephalic, atraumatic. Gross extraocular movements are intact.

Cardiovascular: Regular.

Pulmonary: Unlabored.

Abdomen: Soft,

Musculoskeletal: Examination of the left shoulder shows no tenderness to palpation of the AC joint, the distal acromion, or the anterior biceps. He has forward flexion of 90 degrees active, passive 130 degrees, abduction active 75 degrees, passive 110 degrees, external 25 degrees active with 5-/5 strength. He has 5/5 strength to the supraspinatus and 5-/5 internal rotation. He is unable to get his arm to the back pocket position.

Digital examination of the shoulder shows palpable and visual defect in the pectoralis distribution. He is tender to palpation over the anterior chest with retraction of the pectoralis. When the patient does internally rotate the pectoralis does fire on his chest but in view there is a obvious palpable and visual defect and it does not insert on to the humerus at this time. There is no excessive swelling on that 109

Case 1:10-cv-03746 Document 27-1 Filed 07/20/10 Page 10 of 10

SIU HealthCare

Page 1 217-545-8000 Fax:

Chart Document

EARNEST SHIELDS

MRN #: 820246

Home: (309)999-9999 Office: (309)343-

June 30, 2010

4212373

39 Years Old Male (DOB: 02/19/1971)

452218-2155001.

Ins: WEXFORD (W25)

side versus the right.

IMAGING: MRI is not obtainable in the office today. The patient has plain films of the arm. Two views of the shoulder AP and oblique which show no fracture noted.

ASSESSMENT AND PLAN: This is a 37-year-old gentleman with a ruptured left pectoralis major. At this time, we will encourage the patient to do aggressive PT with strengthening as he has deconditioned the area as well as has lost range of motion in that arm.

Electronically Signed By: John M. Froelich, M.D.

Resident

The following text was appended to the transcription:
I saw and personally examined the patient and discussed the case with the resident. I have reviewed the resident's note and agree with the content and plan as written except as follows: none,

Electronically Signed By: David J. Olysav, M.D.

Associate Professor of Clinical Surgery

Signed before import by John Froelich, M.D. Filed automatically on 09/02/2008 at 12:08 PM